

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : Jeremy K. Snow et al.

Confirmation No. 7314

Application No.: 10/580,878

Filed: May 25, 2006

For: RESETTABLE SAFETY SHIELD FOR MEDICAL  
NEEDLES

Group Art Unit: 3767

Examiner: Elizabeth MacNeill

Customer No.: 26,152

TRANSMITTAL LETTER

TO THE COMMISSIONER FOR PATENTS:

Enclosed for filing in the above-referenced application are the following:

- Response to Requirement for Restriction (20 pgs.)
- Amendment Transmittal Letter (1 pg.)

The Commissioner is authorized to charge any additional fees required in connection with the filing of these papers, or credit overpayment, to Deposit Account No. 50-2375.

By /Kevin B. Laurence/  
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Certificate of Mailing or Transmission

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted to the USPTO via the EFS-Web electronic filing system or Facsimile (801-578-6932) on the date set forth below, or being deposited with the USPS as First Class Mail in an envelope addressed to Mail Stop \_\_\_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date set forth below.

/Carol I. Archuleta/  
Carol I. Archuleta

Date: September 2, 2008

**AMENDMENT TRANSMITTAL LETTER (Large Entity)**Applicant(s): **Jeremy K. Snow et al.**

Docket No.

**11487/5336**

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
<b>10/580,878</b>	<b>May 25, 2006</b>	<b>Elizabeth MacNeill</b>	<b>26,152</b>	<b>3767</b>	<b>7314</b>

**Invention: RESETTABLE SAFETY SHIELD FOR MEDICAL NEEDLES****COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
<b>TOTAL CLAIMS</b>	<b>60</b> -	<b>60</b> =	<b>0</b>	<b>x \$50.00</b>	<b>\$0.00</b>
<b>INDEP. CLAIMS</b>	<b>4</b> -	<b>4</b> =	<b>0</b>	<b>x \$210.00</b>	<b>\$0.00</b>
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					<b>\$0.00</b>
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>

No additional fee is required for amendment.

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Any additional filing fees required under 37 C.F.R. 1.16.

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**/Kevin B. Laurence/***Signature*

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Dated: **September 2, 2008**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on \_\_\_\_\_.

(Date)

*Signature of Person Mailing Correspondence**Typed or Printed Name of Person Mailing Correspondence*

cc: